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APPLICANTS

Aaron DeLong, Oxford, MI;

Frank L. Violet, Troy, MI;
Gerald Krause, Utica, MI; John Applin, Fenton, MI;**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 09/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MI	DRAWING 7	20	3
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

37690
 WOOD, HERRON & EVANS, LLP (LEAR)
 2700 CAREW TOWER
 441 VINE STREET
 CINCINNATI , OH
 45202

TITLE

REMOVABLE MULTIPURPOSE CONSOLE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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1.18 Fees (Issue)

Other _____

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